| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 '88/96207 | | | | | | | | | | | 011 |
|---|--|---|--------------|---------------------------------------|-----------------|------------------|-----------|------------------------|----------|------------|--------------------------|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY | | | | | | | | | | | |
| 7 | OTAL CLAIM | S | | | | | RAT | E FEE | 7 | RATE | FEE |
| F | OR | | NUMBER FILED | | NUMBER EXTRA | | BASIC | FEE DI | OR | BASIC FE | E |
| TOTAL CHARGEABLE CLAIMS | | | - fa | fminus 20= | | | X\$ 25 | j= ! | OR | X\$50.= | |
| INDEPENDENT CLA!!AS | | | r | · minus 3 = | | 7 | X100 | | \dashv | Y200 | - |
| М | ULTIPLE DEPE | NDENT CLAIM F | PRESENT | | | | | - · | OR | | · |
| | f the differenc | +180 | | OR | L | | | | | | |
| | | | | | | | | | | TOTAL | L <u>.</u> |
| | . (| 10 SMAL | L ENTITY | OR | OTHEF SMALL | | | | | | |
| AMENOMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | USLY | PRESENT EXTRA | RATE | ADDI- TIONAI FEE | | RATE | ADDI- TIONAL FEE |
| | Total | 1.18 | Minus . | - 2 | 0 | = | X\$ 25 | | OR | X\$50= | |
| AMEI | Independent | 3 | Minus | 3 | | = | X100= | | OR | X200=. | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +180= | | OR | +360= | - 1.77 |
| | | | | | | | TOTA | ı. | | TOTAL | |
| | (Column 1) (Column 2) (Column 3) | | | | | | ADDIT. FE | E-L | ر ۱۰۰۰ | ADDIT, FEE | <u></u> |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE - NUMBI | JSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | - RATE | ADDI- TIONAL - FEE |
| | Total. | * | . Minus | | | = . | X\$ 25= | | OR | X\$50= - | |
| AME | Independent | * . | Minus | *** | | = | X100= | | OR | X200= | |
| L_ | FIRST PRESE | JLTIPLE DEI | PENDENT (| MIAJC | | +180= | | OR | +360= | | |
| | | | | | | | | | ∤ | | |
| | • | (Column 1) (Column 2) (Column 3) | | | | | | | A | DDIT. FEEL | |
| MENDMENT C | · | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBE PREVIOU PAID FO | ST R ISLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | . [| RATE | ADDI- TIONAL FE: |
| NON | Total | | Minus | ## | | E. | X\$ 25= | | OR | X\$50= | |
| ME | Independent | • | Minus | *** | | = | X100= | | - | X200= | |
| | HAST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | OR | - | |
| | • | | | | | | +180= | L | OR | +360= | |
| | | | | | | | | . – | | | |

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